



Growing Older

A RESOURCE GUIDE FOR FAMILIES

CAPITOL OFFICE
State Capitol, Room 5108
Sacramento, CA 95814
TEL 916.651.4027
FAX 916.651.4927

<http://senate.ca.gov/pavley>

California State Senate

SENATOR FRAN PAVLEY

SENATE DISTRICT 27

DISTRICT OFFICE
5016 N. Parkway Calabasas
Suite 222
Calabasas, CA 91302
TEL 818.876.3352
TEL 805.815.3917
FAX 818.876.0802

CALIFORNIA IS HOME TO ONE OF THE WORLD'S MOST DIVERSE POPULATIONS.

We speak over 200 languages and live among numerous cultures. We are rural, we are urban and we are suburban. This is what makes California such an excellent place to live and grow.

But we are also growing older. California is home to the country's largest population of senior citizens. In fact, by 2020, the number of people over the age of 65 will increase to over 6 million. So, whether you are trying to find services for a loved one, preparing yourself for the road ahead, or simply interested in the public policy issues affecting older Californians, this booklet is for you.

Many of the public services that are available to seniors and contact information for a number of important government and community resources are provided in this booklet, which discusses everything from Social Security benefits and Medicare to home care and tax assistance.

The California Legislature is a leader in the development of policies and programs that assist older people in their desire to remain active and engaged, as well as maintain and preserve their own independence. Flexibility, independence, and choice are the values that guide the California Legislature in promoting public policy solutions for our state's aging population.

Please contact the District Office at **818.876.3352** or **805.815.3917** if you need assistance.

TABLE OF CONTENTS

Social Security 2

Medicare 5

Medigap 9

Medi-Cal..... 10

Prescription Drugs 13

Home Care & Housing Options 14

Alzheimer’s Disease 22

Legal and Financial Issues 24

Questionable Sales Tactics..... 28

Elder Abuse..... 30

Volunteering 33

Resources 34

For many people, Social Security and Medicare will be an integral part of their retirement security. It is important to understand the basics of these programs in order to plan for the future. The questions and answers below should give you a general overview of these programs. All figures are subject to change. For details pertaining to your individual eligibility and benefits, always contact the agency directly.

For assistance

Contact the Social Security Administration at **(800) 772-1213**, or **www.ssa.gov** online, or write to the Social Security Administration, Office of Public Inquiries, Windsor Park Building, 6401 Security Blvd., Baltimore, MD 21235. If you're deaf or hard of hearing, call TTY **(800) 325-0778**.

How does Social Security work?

Social Security provides retirement, disability and survivor benefits to eligible workers and their families. It is the largest source of income for many elderly Americans and plays a major role in keeping them out of poverty. However, Social Security was not intended to be the sole source of income when you retire. It is designed to be a foundation on which to build your financial retirement future.

Who is eligible?

Generally, you must work in a job where you pay Social Security taxes for at least 10 years. The system is based on work credits. Most people need 40 credits, and can earn up to a maximum of 4 credits per year. In 2014, for example, you earn one credit for each \$1,200 of wages, or self-employment income. When you've earned \$4,800, you've earned your four credits for the year. Exceptions do exist. For example, people born before 1929 need fewer credits depending on the year in which they were born.

When can I collect retirement benefits?

In order to collect full retirement benefits, you must be between 66 and 67, depending on when you were born. The table below lists the full retirement age by birth year. For example, if you were born in 1956, your full retirement age is 66 years and 4 months. If you were born in 1947 or earlier, you are already eligible for full Social Security benefits.

BIRTH YEAR	FULL RETIREMENT AGE
1943-1954	66
1955	66 and 2 months
1956	66 and 4 months
1957	66 and 6 months
1958	66 and 8 months
1959	66 and 10 months
1960 or later	67

You may begin receiving benefits as early as age 62, but your monthly payment will be permanently reduced since you will be receiving benefits for more years. If you wish to delay receiving benefits past your full retirement age, you will receive credits that will increase your benefits once you do retire. The percentage increase of your benefits depends on when you were born, and this increase will automatically accrue until you reach 70 or start taking benefits, whichever comes first.

Your average lifetime earnings determine the amount of your retirement benefit. Your earnings are first indexed to account for changes in average wages since the years in which you received those earnings. A complicated formula is applied to the 35 years in which you earned the most money in order to compute your benefit. Basically, the higher your lifetime earnings, the higher your benefit. There is, however, a maximum benefit that you can receive.

Your spouse, beginning at age 62, is also eligible for Social Security benefits once you start receiving them. The spousal benefit is up to 50% of the amount of the worker's benefit. If you are eligible for benefits both as a retired worker and as a spouse, your benefit will equal whichever amount is higher. A divorced spouse, if unmarried, may also receive benefits from a former spouse's Social Security record if certain requirements are met, such as the marriage having lasted 10 years or longer.

Survivor benefits are available to eligible family members of a deceased worker and are based on the credits and the wages earned before the worker died. Generally, a minor child or a widow or widower who is caring for a child under the age of 16 is eligible. Surviving spouses may also be eligible and, in some circumstances, dependent parents may be eligible. Benefits may be available to the family even if the deceased worker had not yet earned enough to qualify for retirement benefits.

How are Social Security benefits calculated?

The criteria that determine your Social Security eligibility and benefit amount can be complicated. Each case is based on its unique work history. There are special rules for some jobs including self-employment, domestic work, farm work and church work. Some employment isn't covered by Social Security at all. Therefore, the information above is meant only to give you a general understanding. You should contact the Social Security Administration about your individual case.

**Is enrollment in
Social Security
automatic?**

Individuals are enrolled in Social Security when they apply for and receive a Social Security number. This is generally done when you are a child if you are born in the United States. Non-citizens authorized to work in the United States by the Department of Homeland Security are, generally, the only noncitizens eligible for Social Security cards. Typically, noncitizens can apply for a Social Security card in their home country when they apply for a visa or in the U.S. in person at a Social Security office. For details on specific eligibility and application requirements, contact the Social Security Administration (contact information listed at the start of this section).

**What happens if a
person doesn't qualify
for Social Security?**

This is a very important question. Many people who do not qualify for Social Security may nonetheless be able to qualify for Supplemental Security Income (SSI). This is a separate program, administered by the Social Security Administration, which assures a minimum level of income to people over 65, blind or disabled, who have limited income and net worth. California also provides a state supplementary payment (SSP) to the SSI. As with Social Security, the eligibility criteria can be complicated. You should contact the Social Security Administration to find out if you are eligible for SSI.

You cannot “buy into” Social Security by paying a premium or “buying” work credits. You or your spouse must have accumulated enough work credits to qualify for benefits. However, you must enroll for Medicare and pay premiums to receive full Medicare benefits.

If you’re already getting benefits from Social Security or the Railroad Retirement Board (RRB), you’ll automatically get Medicare Part A and Part B starting the first day of the month you turn 65. If you’re close to 65, but not getting Social Security or Railroad Retirement Board benefits and you want Part A and Part B, you’ll need to sign up. Contact Social Security 3 months before you turn 65. You can also apply for Part A and Part B at www.ssa.gov.

To find out whether you are entitled to Medicare, check with the Social Security Administration at **(800) 772-1213**, the Medicare Hotline at **(800) 633-4227**, or the Health Insurance Counseling and Advocacy Program (HICAP) at **(800) 434-0222**, which provides assistance on questions related to Medicare, Medicare Advantage, Medicare supplements and long-term care insurance.

Medicare is the federal health insurance program for people 65 and over and people under 65 with certain disabilities or permanent kidney failure.

Generally, you are eligible for Medicare if you or your spouse worked and paid into the Social Security system for at least 10 years, you are 65 years or older and a citizen or permanent resident of the United States. You might also qualify for coverage if you are younger with a disability or have chronic kidney disease.

Is it ever too late to buy into the system?

What is Medicare?

Who is eligible?

What are Medicare Parts A, B, C and D?

Part A is hospital, or in-patient health insurance, which helps pay for care in a hospital, a skilled nursing facility following hospitalization, and some home health or hospice care.

Part B is medical insurance that helps cover medically necessary doctors' services, outpatient care, home health services, durable medical equipment, and other medical services. If you are entitled to receive Medicare as a retirement benefit, you do not pay anything for Part A. In order to receive Part B coverage, you must pay a monthly premium.

A Medicare Advantage Plan (like an HMO or PPO) is another way to get your Medicare coverage. If you join a Medicare Advantage Plan, you still have Medicare. You'll get your Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) coverage from the Medicare Advantage Plan, not Original Medicare. Medicare Advantage Plans, sometimes called "Part C" or "MA Plans," are offered by private companies approved by Medicare.

Part D offers prescription drug coverage to everyone with Medicare. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses. To get Medicare prescription drug coverage, you must join a plan run by an insurance company or other private company approved by Medicare. Each plan can vary in cost and specific drugs covered.

What happens if a senior isn't entitled to Medicare?

A senior who is not entitled to Medicare as a retirement benefit may elect to buy Medicare Part B. If you are 65 or older and a citizen or permanent resident of the United States for at least 5 consecutive years, and not otherwise eligible through Social Security, you may purchase Medicare Part B coverage. If a senior has low income and asset levels, and cannot afford the premiums, he or she may be eligible for help through the Qualified Medicare Beneficiary Program and/or Medi-Cal. These are state administered health insurance programs for low-income people.

It is important to get a complete and detailed explanation of coverage by calling the Medicare Hotline at **(800) 633-4227**. Ask them to mail you the latest edition of the *Medicare Handbook* which details Medicare coverage. Or you can download it at www.medicare.gov/medicare-and-you. Generally, Medicare Part A helps pay for care in a hospital, limited care in a skilled nursing facility following a hospital stay (not custodial or long-term care), some home health care and hospice care.

What does Medicare cover, and what doesn't it cover?

Part B helps pay your doctor bills, as well as a wide range of medical services including x-rays, laboratory tests, outpatient hospital services, durable medical equipment such as wheelchairs and walkers, physical therapy, and many preventative services. However, many medical services are not covered, including hearing aids, most eyeglasses, dental care and prescription drugs. There are also deductibles and copayments under both Parts A and B, as well as many different limitations and qualifications.

A deductible is a portion of the bill that you must pay before the insurance benefits begin. Copayments, or coinsurance, are the parts of the bill that you are responsible for. Your Part B copayment is 20% of the approved cost of each service.

If you have Medicare Parts A and B, you can join a Medicare Advantage plan, which delivers services in a managed care fashion. Medicare Advantage plans include Medicare managed care plans, Medicare preferred provider organization (PPO) plans, Medicare private fee-for-service plans, and Medicare specialty plans.

The new Part D prescription drug benefit provides drugs through the sale of plans endorsed by Medicare. You choose the plan that fits your needs best based on monthly premium and drugs covered on the plan's formulary. Your drug cost can be greatly reduced under one of these plans. Contacting your local HICAP program volunteer will help you identify the plan that best meets your needs.

If you receive Medicare, but have a very low income, you might qualify for state assistance to pay for the deductibles, copayments and premiums. To find out whether you are entitled to help, check with the Social Security Administration at **(800) 772-1213**, or the Medicare Hotline at **(800) 633-4227**.

Does Medicare cover prescriptions?

YES. Medicare now covers prescription drug coverage through Medicare Part D. Part D is prescription drug coverage for both brand name and generic prescription drugs. Medicare prescription drug coverage provides protection for people who have very high drug costs. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

Do surgical procedures require pre-authorization?

NO. However, Medicare does not recognize some procedures as medically necessary, and therefore will not cover them. It is important to ask your doctor whether a procedure is covered by Medicare.

Are hospitals and doctors required to take Medicare patients?

NO, but most do. It would be hard for most doctors and hospitals to survive financially if they did not accept Medicare patients.

What are the advantages of belonging to a Medicare Advantage Plan?

A Medicare Advantage Plan is one that contracts with Medicare to provide Medicare covered services to Medicare beneficiaries. Medicare pays the Medicare Advantage Plan a monthly fee for each beneficiary and the plan provides all the Medicare services. There are different types of Medicare Advantage Plans including HMOs and Preferred Provider Organization plans (PPOs). However, each Medicare Advantage Plan can charge different out-of-pocket costs and have different rules for how you get services (like whether you need a referral to see a specialist or if you have to go to doctors, facilities, or suppliers that belong to the plan for non-emergency or non-urgent care). Medicare Advantage Plans may offer extra coverage, like vision, hearing, dental, and health and wellness programs. Most include Medicare prescription drug coverage (Part D). In addition to your Part B premium, you may pay a monthly premium for the Medicare Advantage Plan.

What are the disadvantages of belonging to a Medicare Advantage Plan?

The primary disadvantage is that you are not free to go to any doctor or hospital that you choose. You must use the Plan's doctors and facilities, so there are limited locations where you can receive care. In addition, most Medicare Advantage Plans require referrals from your primary care doctor in order to see a specialist, have surgery, or obtain equipment or other medical services.

Medigap insurance, or Medicare supplemental insurance, is designed to cover the costs that Medicare does not. There are standard Medigap plans sold by private insurance companies, regulated by federal and state law, that must be clearly designated as Medicare supplements. Each standardized Medigap policy must cover basic benefits. Medigap Plans C through G have one set of basic benefits, and Plans A, B, K, L, M and N have a different set of basic benefits.

The costs for Medigap policies vary depending on where you live, your age, and your plan. Note that state and federal law guarantees the right to Medigap insurance, regardless of your health status during a specified open enrollment period. You have the right to buy the Medigap policy of your choice for 180 days from the date you are first enrolled in Medicare Part B as long as you are at least 65 or older. After this enrollment period, your option to buy a Medigap policy may be limited and it may cost more.

The best time to buy a Medigap policy is during your Medigap Open Enrollment Period. This 6-month period begins on the first day of the month in which you're 65 or older and enrolled in Part B. (Some states have additional open enrollment periods.) If you delay enrolling in Part B because you have group health coverage based on your (or your spouse's) current employment, your Medigap Open Enrollment Period won't start until you sign up for Part B.

NO. Medigap policies can't work with Medicare Advantage Plans. If you have a Medigap policy and join a Medicare Advantage Plan (Part C), you may want to drop your Medigap policy. Your Medigap policy cannot be used to pay your Medicare Advantage Plan copayments, deductibles, and premiums.

If you want to cancel your Medigap policy, contact your insurance company. If you leave the Medicare Advantage Plan, you might not be able to get the same Medigap policy back, or in some cases, any Medigap policy, unless you have a "trial right" (which allows you to keep a Medicare Advantage Plan and still buy a Medigap policy if you change your mind).

If you have a Medicare Advantage Plan, it's illegal for anyone to sell you a Medigap policy unless you're switching back to Original Medicare. Contact the California Department of Insurance if this happens to you.

**What is Medigap insurance?
What does it cover?**

What does it cost?

**Do I need Medigap if I have
a Medicare Advantage Plan?**

Does everyone need Medigap insurance?

NO. Many seniors retain their employer's health plan as a benefit after they retire. The combination of Medicare and retiree insurance may be more complete or less expensive than the combination of Medicare and a Medigap policy. It is important that you look very carefully at your existing insurance before making the decision to purchase a Medigap policy. Some seniors are "over-insured," having more insurance than is necessary.

Is there anyone who can help me understand my health insurance options?

If you have questions about your health insurance, a state funded non-profit organization called HICAP (Health Insurance Counseling and Advocacy Program) will provide a volunteer counselor who will help you compare and understand your health insurance options free of charge. HICAP helps those over 60 or on Medicare at any age. Call **(800) 434-0222**.

What is Medi-Cal?

Medi-Cal, California's Medicaid program, is a combined federal and state program that pays for health care for low-income persons including low-income seniors and persons with disabilities.

Who is eligible for Medi-Cal?

If you are 65 or older, or blind or disabled and receiving Supplemental Security Income (SSI), you are automatically covered by Medi-Cal. If you are not receiving SSI, but are 65 or older, or disabled or blind, and have a limited income and limited countable assets, you may be eligible for Medi-Cal.

What does Medi-Cal cover?

Medi-Cal can provide up to 100% coverage of many medical services, including hospital and doctor bills, x-rays and lab work, prescription drugs, medical equipment and supplies, home health assistance, nursing home care, eyeglasses, hearing aids, medically-related transportation and many other medical services and items.

Note, however, that not all doctors, providers, or hospitals accept Medi-Cal. Doctors and hospitals may need advance approval from Medi-Cal in order to provide some services and procedures.

Medi-Cal and Medicare are two entirely different programs. Medicare is federal health insurance that is part of your Social Security benefit, and it requires payment of monthly premiums, deductibles, and 20% copayments for many services. Medi-Cal is administered by the state and counties and its eligibility is based on need and disability.

Medi-Cal covers a much wider range of services than Medicare, including many long-term care services not covered by Medicare. In-home support services may be covered, if it is determined that without them, a person could not stay safely in his or her home. In-home support services are non-medical services such as housekeeping and personal care. Medi-Cal may also cover the cost of a nursing home when ordered by a physician.

NO. If you have Medicare and are also eligible to receive Medi-Cal, then Medi-Cal will supplement your Medicare coverage. In most cases, Medi-Cal will pay for the premiums, deductibles, and copayments you are responsible for with Medicare. Also Medi-Cal may pay for many services and supplies that are not covered by Medicare, such as nursing home care.

YES. Most Medi-Cal enrollees receive their health insurance through a Medi-Cal managed care plan. The participation of health plans in Medi-Cal differs by county, so be sure to follow the instructions from your county social services office when selecting your plan.

If you are 65 or older, you can apply for Medi-Cal at your county social services agency. If you are under the age of 65 and are not disabled, you can also apply online at www.coveredca.com.

YES. Geriatrics is the medical specialty that treats the unique medical needs of the elderly. Unfortunately, there are not as many doctors certified in geriatrics as in other medical specialties. You can ask your physician for a recommendation, or look in the yellow pages of the phone book in the Physician and Surgeon Guide under Geriatrics.

How is Medi-Cal different from Medicare?

Do you give up your Medicare benefits if you receive Medi-Cal?

Can you be on Medi-Cal and also be enrolled in an HMO?

How do you apply for Medi-Cal?

Are there doctors who exclusively care for the elderly?

**Do any doctors
make house calls?**

Some doctors still make house calls, but rarely. Discuss under which circumstances, if any, your physician would visit your home. Home health care service providers do make house calls. These providers include skilled nurses, physical and speech therapists, occupational therapists, and medical social workers. Hospice nurses routinely come to the home to provide care to the terminally ill. Certified dental hygienists will soon be able to make house calls to provide basic dental services such as routine cleaning and check-ups, when ordered by a physician or dentist.

**Are 911 emergency
medical services free?**

911 emergency medical transport services (ambulance services) are not free. Patients or their insurance company must pay, and these services can be quite expensive. Medicare and Medi-Cal both help pay for ambulance transportation if the ambulance, equipment and personnel meet their requirements, and if transportation in any other vehicle would endanger your health.

**How can I find a
pharmacy discount
program?**

In California, the Health Insurance Counseling and Advocacy Program (HICAP) is available to assist seniors in determining eligibility for prescription drug programs such as Medicare Part D, and in navigating your way through other patient assistance programs. You can contact this office by calling **(800) 434-0222** or visit HICAP's website at **www.aging.ca.gov/hicap**.

You can also call the California State Board of Pharmacy at **(916) 574-7900** or visit their website at **www.pharmacy.ca.gov** for assistance.

Besides Medicare Part D, the National Council on Aging, through a program called BenefitsCheckUp, offers a free internet database that screens low-income seniors who might be eligible for assistance. Through this program, you can determine if you are eligible for the Medicaid program that pays for prescription drugs, as well as many other benefits. The website is www.benefitscheckup.org.

Save money on generic brands whenever available. Brand names are the names a pharmaceutical company gives its specific formulation of a drug. For example, Tylenol is the brand name for a drug company's formulation of acetaminophen, which is the generic name. Generic drugs are usually significantly cheaper than their brand name equivalents.

Chemical for chemical, the drugs are exactly the same. Any difference between generic and brand name drugs can be the type of filler, colorings or flavors used. The FDA produces a reference book that describes which drugs can or cannot be generically substituted. Whenever you have questions about your medications, including whether a good generic substitute is available, ask your local pharmacist.

Are you eligible for state or federal prescription drug benefits?

Is there any difference between generic and brand name prescription drugs?

What services are available to help me remain at home and independent?

Recovering from surgery, an illness or dealing with chronic physical limitations can make it difficult to perform routine daily activities without assistance. There are many services available, often called home and community-based services, that can provide the level of assistance needed. Examples include:

COMMUNITY-BASED ADULT SERVICES (CBAS), formerly known as Adult Day Health Care (ADHC), are licensed facilities that provide a variety of health, therapeutic, and social services. CBAS is a Medi-Cal benefit and participants must meet certain eligibility criteria.

MULTIPURPOSE SENIOR SERVICES PROGRAM (MSSP) sites provide social and health care management for frail elderly clients who are certifiable for placement in a nursing facility but who wish to remain in the community. MSSP is a Medi-Cal benefit and participants must meet MSSP eligibility criteria. Services that may be provided under MSSP include Adult Day Care/Support Center, Housing Assistance, Chore and Personal Care Assistance, Protective Supervision, Care Management, Respite, Transportation, Meal Services, Social Services, and Communications Services.

NUTRITION SERVICES include low- or no-cost meal programs that serve a broad population of Californians age 60 and older, with preference given to those in greatest economic or social need. Congregate Nutrition Services provide meals in a group setting and also include services such as nutrition and health promotion education, and opportunities for socialization. Home Delivered Meal Services, also known as Meals on Wheels, provide a hot meal five days a week delivered by staff or volunteer drivers. Nutrition education is also provided.

CAREGIVER RESOURCE CENTERS (CRC) are located throughout the state and provide respite care, family consultations and care planning, support groups, specialized information, short-term counseling, legal and financial consultation, education, and professional training to families and caregivers of adults living with chronic conditions such as dementia, heart disease, degenerative diseases, brain injury, and other conditions. To locate a CRC in your area, please visit the CRC website at www.californiacrc.org.

FAMILY CAREGIVER SUPPORT PROGRAMS (FCSP), coordinated by 33 Area Agencies on Aging, provide local caregiver information, assistance in gaining access to services, counseling and training support, temporary respite care, and supplemental services to complement care provided by family and other unpaid caregivers.

CALIFORNIA AGING AND DISABILITY RESOURCE CONNECTIONS (Cal-ADRC) assist individuals with disabilities and/or chronic conditions in accessing health care, medical care, social supports, and other long-term services and supports. ADRCs offer enhanced information and referral, long-term care options counseling, short-term service coordination when there is an urgent need, and access to information. To locate an ADRC in your area, please visit the California Community Choices website at www.communitychoices.info.

CALIFORNIA COMMUNITY TRANSITIONS (CCT) allow eligible Medi-Cal beneficiaries who have been receiving care in a nursing home or other inpatient health care facility for 90 days or longer to transition to a community setting if that is their preference. For more information about CCT, contact the Department of Health Care Services Long-Term Care Division at **(916) 552-9105** or view the department's website at www.dhcs.ca.gov.

PROGRAM FOR ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) provides medical and support services to individuals age 55 and older who are certified to need nursing home care, but who are able to live safely in the community at the time of enrollment. The program is available in limited areas of the state and provides services such as medical care, adult day care, various forms of therapy, meals and nutrition counseling, home health care and personal care in the home, prescription drugs, social services, medical specialty services, and hospital and nursing care as needed. For more information and to find a PACE organization in your area, call **(888) 633-7223** or visit the CalPACE website at www.calpace.org.

HICAP is the no-cost Health Insurance Counseling Program that provides personalized counseling, community education and outreach events for Medicare beneficiaries. HICAP is the primary local source for accurate and objective information and assistance with Medicare benefits, prescription drug plans and health plans. To learn more about HICAP and find a local office, please call **(800) 434-0222** or see the HICAP website at www.aging.ca.gov.

LEGAL SERVICES PROJECTS, through local Area Agencies on Aging (AAA), assist the states' seniors with a variety of legal problems including income, health benefits, housing, age discrimination, nursing homes, conservatorships, consumer fraud, or protection from elder abuse. To locate a Legal Services Project near you, call **(800) 510-2020** to find your county's AAA or review the list at the Department of Aging's website at www.aging.ca.gov.

SENIOR COMMUNITY SERVICE EMPLOYMENT PROGRAMS (SCSEP) provide part-time, work-based training opportunities at local community service agencies for Californians age 55 and older with an income that does not exceed 125 percent of the federal poverty level, who have poor employment prospects, and assist with the transition of individuals to private or other employment opportunities in the community. The program also provides support services such as personal and job-related counseling, job training, and job referral. For more information about this program in your area, call **(800) 510-2020** to find your county's Area Agency on Aging (AAA) or review the list of AAAs with SCSEP program sites at the Department of Aging's website at www.aging.ca.gov.

LINKAGES PROGRAMS, administered locally through AAAs or county human services or aging departments, are designed to help frail elderly or adults with disabilities remain in their homes, maximize their independence, and prevent institutionalization. The Linkages program provides comprehensive care management for services that may include transportation, meals, in-home care, housing assistance, and adult day care programs to individuals who are not eligible for other care management programs. To learn more about Linkages and locate a program near you, call **(800) 510-2020**.

SENIOR COMPANION PROGRAMS are administered locally and provide peer support through volunteers who serve elderly individuals and adults with disabilities to help them live independently. Volunteers provide respite for caregivers, companionship, assistance with simple chores, grocery shopping, meal preparation, transportation, and other services. To learn more about Senior Companion programs and locate a program near you, call **(800) 510-2020**.

IN-HOME SUPPORTIVE SERVICES (IHSS) is a federal, state, and locally-funded program that provides in-home assistance to individuals over age 65, or who are blind or disabled, to help them remain safely in their home. Services can include housecleaning, meal preparation, laundry, grocery shopping, personal care services, accompaniment to medical appointments, and protective supervision for the mentally impaired. To learn more about IHSS and apply, please visit the Department of Social Services website at www.cdss.ca.gov.

For information on services in your area for seniors or adults with disabilities, call **(800) 510-2020**. For information on services outside of California, Eldercare Locator can direct you to resources in all areas of the United States. Call **(800) 677-1116**, or visit their website at www.eldercare.gov.

Many of these services, as previously indicated, are low- or no-cost services for those deemed eligible based on age, ability, and/or income. However, outside of the publically-funded programs such as Medi-Cal long-term services and support benefits for low-income seniors and adults with disabilities, similar services purchased in the private sector would be expensive.

Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance) covers eligible home health services like intermittent skilled nursing care, physical therapy, speech-language pathology services, continued occupational services, and more. Home health services may also include medical social services and part-time or intermittent home health aide services. Usually, a home health care agency coordinates the services your doctor orders for you. Medicare will cover all home care services and 80% of the cost of an approved amount for durable medical equipment such as wheelchairs, hospital beds, and walkers that assist in making home health care possible. Medicare will not pay for 24-hour-a-day care at home, meals delivered to your home, homemaker services, or personal services.

How do I find these services?

What do these services typically cost?

Does any government health insurance cover these kinds of services?

Medi-Cal covers a variety of long-term services and supports, including personal care services and home and community-based services such as Community Based Adult Services (CBAS), In-Home Supportive Services (IHSS), Multipurpose Senior Services Program (MSSP), and more.

Recent federal and state policy initiatives, such as the Coordinated Care Initiative (CCI), are designed to integrate Medicare and Medi-Cal benefits, including long-term services and supports, into managed care. These changes will impact medical, behavioral, and long-term care delivery for seniors and persons with disabilities enrolled in Medi-Cal and individuals who are eligible for both Medicare and Medi-Cal in certain counties. To learn more, please visit www.calduals.org.

How is a person eligible?

Eligibility for Medicare and Medi-Cal services is based on age, ability, and income limitations. To determine eligibility for Medicare, call (800) 633-4227 or visit the Medicare website at www.medicare.gov.

To determine eligibility for Medi-Cal, contact your local county office by reviewing the list at www.dhcs.ca.gov or determine eligibility by applying at www.coveredca.com.

Is there private insurance that can be purchased to cover these kinds of service?

YES. Long-term care insurance policies can cover a wide range of services, from home and community-based care to institutional care. There are basically three types of long-term care policies: nursing facility or residential care facility only, home care only, or comprehensive that covers both home care and nursing/residential care facilities. This insurance can be expensive.

As with most insurance, a policy must be purchased prior to needing the care, and the younger and healthier you are when you purchase it, the less expensive it will be. All insurance agents marketing long-term care insurance must be licensed by the California Department of Insurance, and require special training. To learn more, access the department's consumer guide to long-term care insurance at www.insurance.ca.gov.

The California Partnership for Long-Term Care, a partnership between the state and private insurers, offers high quality long-term care policies that must meet stringent requirements. These “Partnership policies” offer consumer protection features, including asset protection when determining Medi-Cal eligibility. For information, call the Partnership at **(800) 227-3445** to discuss your long-term care needs and any questions about long-term care insurance that you may have. The Partnership also launched an independent website that offers tools, information, and calculators to help Californians plan their long-term care needs. Please visit www.rureadyca.org.

There are many types of alternative living arrangements available to seniors, ranging from living independently to receiving full-time skilled nursing care. A number of options exist. Highlighted below are some of the more common options:

LIVING INDEPENDENTLY. Options exist for seniors who are totally independent and choose to live at home or in a community with other seniors, including retirement apartments and mobile home parks. Options and communities range widely, and associated costs vary. For more information, contact the U.S. Department of Housing and Urban Development (HUD) at **(800) 333-4636** or visit www.hud.gov.

CONTINUING CARE RETIREMENT COMMUNITIES (CCRC) are retirement communities that offer a continuum of care to the residents, from meals and transportation to assisted living and skilled nursing care. Residents typically pay a large one-time entry fee, plus a monthly fee, in return for the assurance of lifetime long-term care. A CCRC requires a contract that can have serious financial implications. Contract types and obligations vary, so it is wise to consult an attorney and/or financial consultant familiar with these contracts prior to signing.

What kinds of alternative living arrangements are available for seniors who need full or part-time care?

RESIDENTIAL CARE FACILITIES FOR THE ELDERLY (RCFE), also called “assisted living facilities” and sometimes “board and care” facilities, provide assistance with the personal activities of daily living, such as laundry, cleaning and assistance with medications, bathing and dressing. The size of RCFEs can vary widely, from a few beds to over 100 beds, and the needs of residents can vary from facility to facility. Therefore, it is important to look closely at potential RCFEs to see if they match your or your family member’s needs. RCFEs are licensed in California by the Department of Social Services’ Community Care Licensing Division, which can be contacted at (916) 657-2592 or at www.cclid.ca.gov.

SKILLED NURSING FACILITIES (SNF) are facilities licensed to provide skilled nursing and supportive care to individuals that need such care on an extended basis. 24-hour inpatient care is provided, and includes at a minimum skilled nursing, physician, pharmaceutical and dietary services, as well as activity programs. Costs to live in SNFs can vary, depending on the level of care required, location and amenities. SNFs are licensed in California by the Department of Public Health, which can be reached at (800) 236-9747 or online at hfcis.cdph.ca.gov.

Finding the right living arrangement is a matter of looking creatively at all the options, researching locations, and then choosing one that suits your individual financial, social, health, and security needs. It is recommended that you visit potential options, and for facilities that are licensed by the state, that you ask for any records related to licensure, inspections, and complaints.

Does any government health insurance cover these housing options?

Medicare covers the cost of skilled nursing facilities for a limited time only when following a hospital stay, and only covers the skilled nursing and rehabilitation care necessary for recovery. Medicare doesn’t cover custodial care (help with daily activities such as getting out of bed, eating, bathing, etc.) if that is all that is needed.

Medi-Cal also covers skilled nursing facilities and includes broader coverage than Medicare, such as custodial care. Medi-Cal covers the cost of long-term skilled nursing facility care (nursing homes) when that care is authorized by a doctor.

Assisted living is typically paid for privately or using long-term care insurance. However, in limited instances, Medi-Cal may be used to pay for assisted living for individuals certified for nursing home care living in certain counties.

For information and assistance with nursing home and assisted living care and eligibility, California Advocates for Nursing Home Reform (CANHR) provides advocacy, education, and legal information on all nursing home-related issues, and can be reached at **(800) 474-1116** or at www.canhr.org.

An individual must have limited financial resources and assets to be eligible for Medi-Cal covered nursing home care. However, if there is a spouse living at home, there are special laws that allow that spouse to keep a certain amount of income and resources in his/her name when the other spouse enters the nursing home. This is intended to prevent the impoverishment of the spouse at home. The eligibility criteria and laws pertaining to asset transfers are complex.

YES. For information and assistance with nursing home care and eligibility, call the California Advocates for Nursing Home Reform (CANHR) at **(800) 474-1116**. The CANHR nursing home guide can be accessed on their website at www.canhr.org.

Federal law requires each State Agency on Aging to have a Long-term Care Ombudsman office. The Ombudsman's role is to investigate and endeavor to resolve complaints made by, or on behalf of, individual residents in long-term care facilities, including nursing homes. To locate your local Ombudsman program, review the Department of Aging's list at www.aging.ca.gov or call the state CRISISline 24 hours a day, 7 days a week at **(800) 231-4024**.

Complaints against a health facility or provider can also be filed with the California Department of Public Health on their website at hfcis.cdph.ca.gov.

Who is eligible to receive Medi-Cal covered nursing home care?

Are there resources available to assist with locating a nursing home, or to assist with problems?

What is Alzheimer's Disease?

ALZHEIMER'S DISEASE is a progressive, degenerative, and ultimately fatal disease of the brain that affects over 5 million Americans. It impairs memory, thinking and behavior. In the early stages, a patient may only have trouble finding words, finishing a thought, remembering names, or following directions.

As the disease progresses, it becomes difficult to read and write, learn new information or make decisions. Driving, managing finances and other familiar tasks become increasingly difficult.

Later comes difficulty with basic functions, such as dressing or bathing. These changes require dependence on help from family, friends, or professionals. Much can be done to help manage symptoms and improve the quality of life. Early access to diagnosis and treatment, support services, and planning may improve life for the patient and their family caregivers. Providers familiar with Alzheimer's are best suited to supply the services needed.

What are the treatment and care options for Alzheimer's?

While there is currently no cure for Alzheimer's, drug treatment therapies can temporarily slow the worsening of memory loss and cognitive decline, and be used as a last resort to treat psychiatric or behavioral symptoms that pose a threat to the individual living with Alzheimer's or others. Individuals or their caregiver should consult with health care professionals regarding the use of prescribed drug therapies. Nonpharmacological (non-drug) therapies such as environmental and behavioral modification, task simplification, appropriate activities, and social support should be used to address psychiatric and behavioral symptoms such as sleep disturbances and severe changes in mood before drug therapies are pursued.

Resources for individuals living with Alzheimer's and their caregivers include the low or no-cost home and community-based services described previously. Additional resources include:

CALIFORNIA ALZHEIMER'S DISEASE CENTERS (CADC) provide clinical services such as diagnostics and treatment services, professional training to health care professionals, and community education such as caregiver training and support. There are ten state-of-the-art centers located at university medical centers throughout the state. To find a CADC near you, contact the California Department of Public Health's Alzheimer's Disease Program at (916) 552-9869 or review the CADC website at cadc.ucsf.edu.

ALZHEIMER'S DAY CARE RESOURCE CENTERS (ADCRC)

provide care to individuals with Alzheimer's disease and other dementias. These services support the physical and psychosocial needs of the individual and include individual care plans that are developed for each program participant with activities to maintain the highest level of functioning. To locate an ADCRC near you, please call **(800) 510-2020** or contact your local Area Agency on Aging by reviewing the county list at www.aging.ca.gov.

FAMILY CAREGIVER ALLIANCE (FCA) offers online services, statewide information and support, research, advocacy, and education and training to caregivers of individuals with dementia. The FCA can be reached at **(800) 445-8106** and through their website at www.caregiver.org.

Coverage for different treatment and care options can be provided through Medicare, Medi-Cal, Social Security, private health or long-term care insurance, or by out-of-pocket costs. For further information and assistance, contact the Alzheimer's Association's 24/7 Helpline at **(800) 272-3900** or locate your local Alzheimer's Association Chapter at www.alz.org.

What are typical legal issues elderly parents and their children should consider while in good health?

Families should consider several legal issues when planning for their retirement years. These can be discussed with an attorney who specializes in estate planning and/or elder law – for referrals call the California Advocates for Nursing Home Reform (CANHR) at **(800) 474-1116**. Planning can reduce the stress of illness and death. You can also contact the Senior Legal Hotline for assistance at www.seniorlegalhotline.org. If you would also like to seek the services of a professional fiduciary, you can contact the Professional Fiduciary Assoc. of California at **(866) 886-7322**, the Center for Guardianship Certification at **(717) 238-4689**, or the National Guardianship Association at **(877) 326-5992**.

ESTATE PLANNING is the process of planning and organizing your personal financial and legal matters. This protects your assets and establishes specific gifts to your loved ones, as well as helping to complete business and legal matters upon your death. The basic component of estate planning is a will or trust.

WILLS are signed legal documents that specify how to administer and distribute your estate after your death.

POWER OF ATTORNEY is a written document authorizing another person to act on your behalf in matters requiring legal action. You may also grant authority to the attorney-in-fact to make decisions regarding your property, personal care, or any other matter. It automatically terminates if you die or become incompetent.

DURABLE POWER OF ATTORNEY is a written document which authorizes another person to act on your behalf in matters requiring legal action. It remains in effect if you become incompetent.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE is a California law that allows you to choose another person to make health care decisions for you, if for any reason you are unable to speak for yourself. When you complete the Durable Power of Attorney for Health Care form, you appoint another person to be your health care “agent” and specify your health care wishes. You can detail what treatment you want if you are terminally ill or need life support. Your agent must follow these instructions and honor all wishes regarding your medical care.

LIVING WILLS can authorize your doctor to withhold life-sustaining treatment if you are terminally ill or permanently unconscious.

TRUSTS are legal entities which hold and manage property for the benefit of designated persons or charities. The “trustor” is the person who creates the trust. The “trustee” is the person who is given the responsibility to hold or distribute the property to the beneficiaries. A living trust becomes effective during the life of the trustor, and is usually set up so that it is revocable, meaning the trustor can change it at any time during his or her life. A testamentary trust becomes effective only when the trustor dies. A revocable living trust is an effective means of avoiding probate, since a trustor can transfer property to a trust and still retain the use and income of the property for the rest of his life. When the trustor dies, the property held in the trust can be transferred to beneficiaries without going through probate. Probate is the court proceeding that oversees the administration of a deceased person’s estate. This can be a time consuming and expensive procedure.

A **CONSERVATORSHIP** is a court-ordered arrangement by which one person, the “conservator,” is given power over the finances, property and even living arrangements and personal care of another person, the “conservatee.” If a person becomes incompetent, but has not made prior legal arrangements, someone must assume control of the person’s legal and financial affairs. A spouse, relative or friend may then petition the court to appoint a conservator for that individual, and nominate whom they think that conservator should be.

Once a petition is filed, an investigator is sent by the court to assess the conservatee’s competence and interview any individuals who may have an interest in the conservatorship. The investigator must determine if the conservatee wishes to contest (protest) the proceedings or if legal counsel is desired. Finally, a hearing is held and a judge decides whether or not to grant a conservatorship. The conservator can be a family member, friend, or a court-appointed professional.

A **PROFESSIONAL FIDUCIARY** is a non-family member who is hired to administer a trust, or hired to care for someone with a mental and/or physical impairment. Professional fiduciaries work with clients who may be vulnerable to abuse or financial exploitation due to their mental or physical impairments. Licensing and oversight by the Professional Fiduciaries Bureau provides a layer of protection for these clients and their families. Licensing ensures that professional fiduciaries have met education and experience requirements and have passed a competency exam and a criminal background check.

What is a conservatorship?

What is a Professional Fiduciary?

Are any costs paid by a child for the care of an ill or disabled parent tax-deductible?

YES, under certain circumstances. Because the tax code is complex, you should contact your tax advisor or the Internal Revenue Service (IRS) for answers regarding your family's situation.

Can elderly parents be claimed as dependents for tax purposes?

YES, under certain circumstances. Your tax advisor or the IRS may answer questions about your particular situation.

Can seniors receive any help with their utility bills?

Depending on your household income, you may qualify for discounted electricity, gas, telephone, or water services from your local company. The California Public Utilities Commission (PUC) Consumer Information Center has a list of all the available programs. You can contact the California Public Utilities Commission at **(800) 649-7570** or visit their website at www.cpuc.ca.gov.

How can seniors who own their homes use the equity to help meet retirement expenses?

You should be extremely cautious about entering into any agreement that involves your home. It is strongly recommended that home-owners obtain impartial counseling from someone other than the lender before taking out any kind of home equity loan. There are many reputable lenders, but home equity fraud is on the rise. Free counseling and information to seniors considering home equity conversion can be found by calling the US Department of Housing and Urban Development at **(800) 569-4287** or go to www.hud.gov for a list of HUD-approved housing counseling agencies.

HOME EQUITY LOANS are a type of loan in which the borrower uses the equity of their home as collateral. Home equity loans are often used to finance major expenses such as home repairs, medical bills, or college education. A home equity loan creates a lien against the borrower's house, meaning if you cannot repay the loan, you may lose the home.

Some less risky options to consider for converting home equity to cash are reverse mortgages and deferred payment loans. These loans may allow seniors to remain self-sufficient by using the equity in their homes to pay for living expenses.

REVERSE MORTGAGES are loans by which homeowners, age 62 or above, can borrow against the equity (net value) in their homes. The amount of the loan depends on your age, your home's location and value, and the cost of the loan. You can receive the loan as a single lump sum, as a regular monthly payment, or as a credit line that lets you decide how much of the loan to use and when to use it. The loan must be repaid in full, including all interest and fees, when the last living borrower dies, sells the home, or permanently moves away. Because you make no monthly repayments, the amount you owe grows larger over time. As your debt grows larger, the amount of cash you would have left after selling your home and paying off the loan becomes smaller. However, you will never owe more than the value of your home at the time the loan is repaid. Reverse mortgages are different from other home loans. They can affect many areas of your finances, including income taxes, property taxes, your government benefits, your right to rent, and what will be left for your heirs; therefore, it is strongly recommended that you seek impartial counseling when considering a reverse mortgage.

DEFERRED-PAYMENT LOANS for home repairs are loans taken against the value of the home and used for needed repairs. Like the reverse mortgage loans, these loans do not have to be repaid until the homeowner moves, sells the home or dies, whichever occurs first. The loan is then repaid from the sale of the property. These loans are generally arranged through government agencies.

When hiring a contractor, your first step should always be to ask the contractor for his or her state contractor license number. You can verify the license and ask about disciplinary history by contacting the California Department of Consumer Affairs Contractors State License Board. For information about a contractor's license, call the board at **(800) 321-2752** or you can check the license online at **www.cslb.ca.gov**.

It is also a good idea to call the local Better Business Bureau (BBB) to see if the contractor has a history of complaints with the BBB before you agree to any home improvements. For more information, you can check **www.bbb.org**.

Anyone performing home improvement work valued at \$500 or more (combined labor and materials) must be licensed by the CSLB. Do not commit to hiring anyone to perform home improvements before you get competitive bids, check licenses, review references, and get a signed written contract.

How can seniors avoid being scammed when they need home improvements?

Everyone should be wary of the questionable home improvement sales tactics listed below. All of these tactics can lead to poor or shoddy workmanship, incomplete or abandoned projects, over charging, and even unnecessary work.

DOOR TO DOOR SOLICITATIONS: A solicitor may come to your door, offering home improvement services with “left-over” materials at a discounted price. Always ask for written quotes from multiple sources, check licenses and references, and demand a written contract.

HIGH PRESSURE SALES: A fast-talking sales person might push you for an immediate decision to hire them to work on your home. Don’t allow anyone to pressure you into hiring them.

SCARE TACTICS: A person who offers to perform a free home inspection, then lies about finding a serious and potentially dangerous problem, such as faulty wiring, bad plumbing, or a leaky roof and pressures you into paying for unnecessary repairs.

DEMANDS FOR CASH: A worker insists that you pay in cash, sometimes going so far as to offer to drive you to the bank so that you can withdraw funds. He then takes the cash and runs off without completing the work.

EXCESSIVE DOWN PAYMENTS: A contractor takes more for a down payment than is allowed by law, claiming to need cash for construction materials or to pay workers. By law, a down payment cannot exceed 10% of the total project price, or over \$1,000, whichever is less.

VERBAL AGREEMENTS: The contractor tells you that a written contract is not necessary while promising to deliver on a verbal agreement. He performs shoddy work – or none at all – and leaves you with no legal recourse.

Here are some tips to help you protect yourself from aggressive telemarketers and other types of consumer fraud.

APPROACH ALL LOANS WITH CAUTION. Never let yourself be rushed into signing any loan, particularly a loan secured by your home. Never let anyone rush you into making any deal by telling you “if you don’t do this today you’ll lose it.” Always insist on a few days to think it over. Try not to make quick decisions, especially under stressful or emotional conditions.

BE VERY WARY OF CONTRACTORS WHO SHOW UP AT YOUR DOOR UNSOLICITED, especially if they are recommending a lender who can finance the work.

NEVER DO BUSINESS OVER THE PHONE, unless you have initiated the call.

NEVER GIVE CASH TO ANYONE, especially a stranger, and never send cash in the mail or by messenger.

BEFORE YOU MAKE ANY INVESTMENTS, GET BACKGROUND INFORMATION on the company and investment opportunity from an independent source.

WATCH OUT FOR ANY “PRIZES” that you must pay shipping and handling or taxes in order to receive them.

NEVER BUY ANY SERVICE OR DURABLE PRODUCT WITHOUT GETTING OTHER WRITTEN ESTIMATES, and ask for written information on all products or services.

NEVER SIGN BLANK DOCUMENTS.

IF AN UNSOLICITED PHONE CALL makes you suspicious or uncomfortable in any way, hang up.

What is elder abuse and how is it recognized?

ELDER ABUSE is any act that willfully inflicts or permits suffering, either physical or psychological, on an elder. Abuse can be physical, psychological or financial, and includes abandonment, isolation, abduction, or neglect. The signs listed below do not prove abuse or neglect, rather they are clues that can be helpful in assessing abuse.

PHYSICAL ABUSE can be direct physical assault, sexual assault or molestation, or unreasonable physical or chemical restraints for punishment. Possible indicators include unexplained injuries, such as cuts, lacerations, bruises, welts, burns, third stage bed sores, improper care of injuries, unexplained dehydration, and bruises, swelling, or bleeding in external genitalia, vagina, or anal areas.

NEGLECT is the failure to provide an elder with a reasonable degree of care and necessities such as medical care, personal hygiene, food, clothing, shelter, protection from health and safety hazards, and failure to prevent malnutrition and dehydration. Possible indicators include rashes, sores, fecal or urine smell, inadequate clothing, malnourishment, untreated medical conditions, or health and safety hazards in the elder's living environment.

PSYCHOLOGICAL ABUSE can be threats, humiliation, verbal assaults, or intimidation. Possible indicators include fear, resignation, withdrawal, depression, agitation, denial, confusion, disorientation, hesitation to talk openly, hysteria, or habit disorder – sucking, biting, rocking.

FINANCIAL ABUSE is any misuse or theft of an elder's money, property, or other assets. Possible indicators include unusual activity in bank accounts, a recent will or title change in real property when the person is clearly incapable of making or understanding the nature of the transaction, missing personal belongings, unpaid bills when someone is supposed to be paying them, checks signed in handwriting that does not resemble the older person's signature, isolation and undue influence and control of financial decision-making, or lack of amenities that the person could well afford.

ABANDONMENT is the desertion or willful forsaking of an elder or dependent adult by a caregiver.

ISOLATION is preventing an elder or dependent adult from receiving mail, telephone calls, and access to visitors, friends, family, and other social contacts. Isolation includes committing the act of false imprisonment.

ABDUCTION is restraining an elder or dependent adult who lacks the capacity to consent and removing him or her from the state.

Suspected cases of elder abuse should be reported to Adult Protective Services (APS). Reports must be made at the local level, and county governments are mandated to provide 24-hour reporting capability. To find your local county APS, please check the California Department of Social Services website at www.cdss.ca.gov.

If you feel the situation is life-threatening, call 911. If you suspect that abuse is occurring in a nursing home, board and care home, residential facility for the elderly, or at a long-term care facility, you can file a complaint directly with your local Long-term Care Ombudsman or by calling the 24-hour crisis line at **(800) 231-4024**. For more information, please check the Department of Aging's website at www.aging.ca.gov.

What should be done if someone is suspected to be a victim of elder abuse?

Your community can benefit from your experience and your time. There are many ways to volunteer that will improve not only your physical, mental and emotional well-being but improve the lives of others. You can work with children, animals, social justice issues, non-profit organizations, the environment, and work around your schedule. Below is contact information for some organizations that provide volunteer opportunities.

The Corporation for National and Community Service is a federal agency that oversees the AmeriCorps, Senior Corps, and Volunteer Generation Fund programs, and can be reached via telephone at **(202) 606-5000** [TTY **(800) 833-3722**] or online at **www.nationalservice.gov**.

CaliforniaVolunteers is the state office that manages local programs aimed at increasing the number of Californians engaged in service and volunteering and can be reached at **(888) 567-7378** or online at **www.californiavolunteers.org**.

AARP's Create the Good network
**(866) 740-7719**
**www.createthegood.org**

VolunteerMatch
**www.volunteermatch.org**

OTHER RESOURCES

GENERAL ASSISTANCE, SERVICES & PROGRAMS

CALIFORNIA 2-1-1 provides 24-hour, free and confidential information and referral to local programs and services to help with food, housing, employment, health care, counseling and more.

.....211
.....www.211.org

CALIFORNIA DEPARTMENT OF AGING (CDA) administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the state.

..... www.aging.ca.gov
..... (916) 419-7500

AREA AGENCIES ON AGING: The California Department of Aging contracts with a network of Area Agencies on Aging (AAA) that directly manage a wide array of services to help older adults live as independently as possible in the community, promote healthy aging and assist family members in their vital caregiving role.

..... (800) 510-2020

BENEFITSCHECKUP is a free service of the National Council on Aging, a nonprofit service and advocacy organization in Washington, DC. Find government benefits for which you might be eligible.

..... www.benefitscheckup.org

ELDERCARE LOCATOR is a free public service sponsored by the U.S. Administration on Aging to help you find the services you need in your community.

..... www.eldercare.gov
..... (800) 677-1116

HEALTHCARE

HEALTH INSURANCE COUNSELING AND ADVOCACY (HICAP) provides free, reliable, personalized counseling, community education and outreach events for Medicare beneficiaries.

..... (800) 434-0222

ALZHEIMER'S DISEASE EDUCATION AND REFERRAL CENTER is a service of the National Institute on Aging.

..... www.nia.nih.gov
..... (800) 438-4380

MEDI-CAL

..... www.medi-cal.ca.gov
..... (800) 541-5555

MEDICARE

..... www.medicare.gov
 (800) 633-4227

CALIFORNIA STATE BOARD OF PHARMACY provides information on Medicare, prescription drugs and medication safety.

..... www.pharmacy.ca.gov
 (916) 574-7900

CALQUALITYCARE: California HealthCare Foundation offers free information on the quality of care provided by long-term care providers and information on how to choose your care, ask questions, pay and what to do if something goes wrong.

..... www.calqualitycare.org

LONG-TERM CARE OMBUDSMAN CRISIS LINE: Every nursing facility has an impartial Ombudsman assigned to investigate complaints at no cost to you. Or, call the California Department of Aging Long-Term Care Ombudsman for help.

9 am – 5 pm (916) 419-7510
 CRISISline, 24 hours a day, 7 days a week (800) 231-4024

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH enforces nursing home laws and regulations.

..... www.cdph.ca.gov
 (800) 236-9747

SENIOR LEGAL HOTLINE

..... www.seniorlegalhotline.org
 (800) 222-1753

SOCIAL SECURITY ADMINISTRATION

..... www.ssa.gov
 (800) 772-1213

BETTER BUSINESS BUREAU

..... www.bbb.org

HEALTHCARE continued

LONG-TERM CARE

**ELDER ABUSE
CRISIS LINE**

**NURSING HOME
COMPLAINTS**

OTHER



Senator Fran Pavley

CAPITOL OFFICE
State Capitol
Room 5108
Sacramento, CA 95814
TEL 916.651.4027
FAX 916.651.4927

DISTRICT OFFICE
5016 N. Parkway Calabasas
Suite 222
Calabasas, CA 91302
TEL 818.876.3352
TEL 805.815.3917
FAX 818.876.0802

<http://senate.ca.gov/pavley>